

To register your neighborhood with Clark County, please complete and return this form to:

Town and Liaison Services 500 South Grand Central Parkway, 6th Floor Las Vegas, Nevada 89155

Telephone: (702) 455-3530/Fax: (702) 455-3558

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Neighborhood Pride Zor			 			
Name your neighborhood Pride Zone (this could be the name of your subdivision or a name that you and your neighbors						
create)						
Neighborhood Location:						
Name cross streets that encompass your Planned Pride Zone						
	y <u></u>					
Applicant information:						
Primary Contact						
Person:						
Mailing Address:		Zip Code:				
Day/Work Phone:		Evening/Home Phone:				
Home E-mail:						
Work E-mail						
WORK E-Mail						
Supplemental Information	n'					
		forming a ND72	□Yes	□No		
Do you have at least 5 neighbors committed to forming a NPZ? If no, will you try and recruit more support from your neighbors?			⊔⊺es □Yes	□No		
ii no, wiii you try and recri	uit more support no	in your neighbors?	⊔tes			
The signatory declares that s/he v	vill assure they are commi	tted to forming a Neighborhood Pride Z	one and will wo	ork with		
Clark County to help improve and						
Signature	Date					



Neighborhood Pride Zone Name:

1. How do you feel forming a NPZ will help your community?

2. What are some of the neighborhood issue(s) affecting your community?

3. What is your expectation of Clark County?



Neighborhood Pride Zone Name:							
The neighbors listed below commit to form the following NPZ							
Name (Please Print)	Signature	Address	Phone	Email			
Joe Smith		500 Grand Central parkway	222-3333	abc@email.com			